

Network and require VA to provide training and educational materials on chiropractic services to VA health care providers. Authorize VA to employ chiropractors as federal employees and obtain chiropractic services through contracts; create a VA advisory committee on chiropractic health care.

11. Require the Office of Research Compliance and Assurance, which conducts oversight and compliance reviews of VA research and development, be funded by the Medical Care appropriation, rather than the Medical and Prosthetic Research appropriation.

12. Authorize \$28,300,000 for major medical facility construction project at the Miami, Florida VA Medical Center.

13. Require Secretary of Veterans Affairs to assess all special telephone services made available to veterans, such as "help lines" and "hotlines." Assessment would include geographical coverage, availability, utilization, effectiveness, management, coordination, staffing, cost, and a survey of veterans to measure effectiveness of these telephone services and future needs. A report to Congress would be required within 1 year of enactment.

14. Extend expiring authorities for VA to collect proceeds from veterans' health insurance policies for care provided for non-service connected care.

15. Provide authority for the Secretary to study, and then if determined feasible, obtain personal emergency-notification and response systems for service-disabled veterans.

16. Extend VA's authority to provide health care for those who served in the Persian Gulf until December 31, 2002.

Mr. FILNER. Mr. Speaker, I rise in support of the "Department of Veterans Affairs Health Care Programs Enhancement Act of 2001". I want to thank Chairman CHRISTOPHER SMITH, Ranking Member LANE EVANS and Chairman JERRY MORAN of the Health Subcommittee for addressing some of the concerns I raised about earlier versions of the bill. We now have a bill to which I am pleased to lend my support.

Mr. Speaker, as a long-time advocate of chiropractic and a user of its services, I am, perhaps, most gratified that we have agreed to a comprehensive proposal to create a permanent chiropractic program within the Department of Veterans Affairs. This legislation will require VA to establish a national chiropractic program that will make chiropractic services available in each geographic service area. VA has rebuffed Congress and the chiropractic profession time and time again in an attempt to bring better access to chiropractic services under the VA's umbrella. We asked VA to develop a policy under the Veterans Millennium Health Care and Benefits Act, but leaving the policy development in VA's hands, veterans' access to chiropractic services has worsened. We simply cannot allow VA to keep barring the door to chiropractic care.

Today is a fresh start for chiropractic care in VA. While I prefer the chiropractic care version this House approved in H.R. 2792, as amended, the provision in the bill before us today ensures that chiropractic care will be available in every VA network. To ensure that this program's implementation is smooth, the conference agreement establishes a chiropractic advisory committee that will provide VA the expertise and advocacy needed to address the issues involved in hiring chiropractors and ensuring that chiropractors are able to participate in its workforce using their skills and training to their fullest potential. I believe that this bill offers the fundamentals from which VA

can begin to develop a sound chiropractic program. Eventually, I believe it will be necessary for VA to establish a director of chiropractic service and for Congress to specify, in law, an established number of sites for chiropractic care. Still, for the first time, this law will ensure that veterans have a real opportunity to access this important part of the health care continuum.

In our Subcommittee hearing this Fall, we heard from many of the veterans' service organizations and animal trainers on the invaluable assistance provided by service dogs to severely disabled people. I am pleased that this bill retains this provision.

We have strengthened the requirements for VA to report to Congress on programs that serve some of our most vulnerable veterans. We have focused these reporting requirements on VA's mental health programs. I believe this will give Congress a much clearer idea about what types of valuable specialized services are eroding. I am also pleased that these reports will make geographic service areas accountable for maintaining programs under their authority. For too long, we have heard VA's central office indicate that they are helpless over controlling the activities of their field managers. Making the networks accountable for the maintenance of specialized programs to serve disabled veterans puts the responsibility where the authority lies.

Mr. Speaker, I believe thousands of veterans will benefit from a provision in this bill, strongly advocated by Chairman SMITH, that adjusts VA copayments for acute hospital inpatient care to the cost-of-living veterans experience in different areas of the country. Salaries, food, and housing costs vary greatly across this Nation. This legislation permits VA to use a widely employed index of geographic variances in cost of living—one already used by the Department of Housing and Urban Development to assess a family's ability to afford housing—to gauge veterans' ability to pay for health care services. This legislation ensures that veterans, who are eligible for low-income housing in a given geographic location, but who are not considered medically indigent under the national Department of Veterans Affairs means-test, are given a break on the acute inpatient hospital copayments they would otherwise have to make.

I want to extend a special thanks to Congresswoman LOIS CAPPS for introducing H.R. 1435. This bill raised the Committee's awareness of the need for a round-the-clock telephone crisis and referral service. We intend to have the VA investigate its current resources and recommend a strategy for enhancing its current capabilities.

This measure contains a charter for a new Commission on VA Nursing. As we know, the nursing profession, inside and outside of VA has changed and VA must be prepared to be an "employer of choice" in the future. This Commission can give expert advice on where VA must position itself now and in the future to attract the best nurses available to treat our veterans. In addition, it contains provisions from S. 1188, and its companion introduced in the House by TOM UDALL, H.R. 3017. These provisions will provide additional opportunities for VA to recruit and retain nurses—an invaluable component of its health care staff.

The Health Care Programs Enhancement Act is a strong measure and I urge my colleagues to support the bill.

Mr. EVANS. Mr. Speaker, I yield back the balance of my time.

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Mr. SMITH of New Jersey. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 3447.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3447.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

#### SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

#### SUPPORT H.R. 3443, FAIRNESS TO ALL VIETNAM VETERANS ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. HORN) is recognized for 5 minutes.

Mr. HORN. Mr. Speaker, I rise to introduce the Fairness to All Vietnam Veterans Act, H.R. 3443. This legislation directs the Secretary of Defense to report to Congress an appropriate way to recognize and honor Vietnam veterans who died in service of our Nation, but whose names are not listed on the Vietnam Veterans Memorial Wall.

Constituents began contacting my District Office regarding 74 members who died on the destroyer USS *Frank E. Evans* who are not listed on the Vietnam Veterans Memorial Wall. The names of these 74 brave Americans, and many others who have lost their lives serving the United States during the Vietnam conflict, deserve proper recognition. Some have been excluded due to technicalities. We should honor all the men and women of the Vietnam conflict who gave their lives serving our country.

The destroyer *Evans* was first launched near the end of the Second World War and was recommissioned for Korea and again for Vietnam. The *Evans* sailed from the Port of Long